FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response; 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	ation	W.								-							
1. Name and Mailing Address of Respondent Michigan Central Broadband Company P.O. Box 86 Carney, MI 49812-0086												Check here if this is a change of address.					
2. Year Report Filed 2018			Period Co	Period (End overed by Re ary 5, 20		ау		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)									
SECTION II - Full-Time Empl	oyee	s.							•1.511	Programme by							
Job Categories			Number of Employees (Report employees in only one category)														
									Race/Ethnicity	/							
			anic or tino						Not-Hispan	iic or Latino						Total	
						Ma	ale			Female					Columns A - N		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	н	ı	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7		7.								×					0	
Laborers and Helpers	8															0	
Service Warkers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part-Time Emp	loyees.																
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories	Hispanic o			Not-Hispanic or Latino												Total	
		Latino		Male									Female				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1,1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	
SECTION IV - Report of Disc	riminati	ion Compl	aints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.	311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																	
SECTION V - Certification I certify that to the best of my	nowled	ige, informa	nion, and beli	ef, all statem	ents in this re	port are true a	nd correct.										
Date		d or Printed Name of Person Signing Signature LLOA Telephone No.															
05/29/2018	Bru	ce K. N	Moore			Signature							(906) 639-5000				
Title of Person Signing President & Gener		FALSE STAT ATION LICENS		STRUCTION	FORM ARE F PERMIT (47 U						1) AND/OR R	EVOCATION					